

N340 COVER CROP

- ☐ A Vendor Input/ACH-EFT Application must be completed before a contract may be created. This form allows a 1099-G to be submitted to you at the end of the year. It also allows for your reimbursement to be sent to your account electronically once your project is completed.
- ☐ Provides operators an incentive to encourage the adoption of cover crops for reducing soil erosion, improving water quality and soil health. Contracted acres must currently be in a minimum of a 2 species production crop rotation.
- ☐ Cover crops must be no-tilled or broadcast seeded with either ground equipment or aerial. Production crop following the cover crop must be planted using a no-till system on the contracted acres.
- ☐ Cover crop seedings must be planned with a minimum of 25% cool season annual grass, small grain component or warm season grass.
- ☐ Spring planted cover crops must have been planted at least 60 days prior to being terminated.
- ☐ Cover crops cannot be harvested for grain, seed or hayed. Tillage cannot be used to terminate the cover crop.
- ☐ A soil sample for the Initial Standard Soil Health Package test through the Missouri Soil Health Assessment Center (SHAC) must be taken on each field prior to seeding cover crops. Sampling requirements will be provided.
- ☐ Cost share is provided at \$30/acre/year for a 1 or 2 species cover crop mix or \$40/acre/year for 3 or more species cover crop mix with a life time maximum total payment of \$20,000 per operator.
- ☐ Receipts marked paid with the appropriate check number for seed purchased must be submitted prior to the landowner being reimbursed.
- ☐ Payment will be issued after no-till planting of the production crop into the (terminated) cover crop or after May 25th if the production crop has not yet been planted.
- ☐ I certify that I have not started the practice. I understand that if I begin the practice before I receive official notification of approval from the district board I am not eligible to receive cost-share assistance for completing the practice.
- ☐ I understand that the district board of supervisors must approve any modification in the design of the practice. Failure on my part to request changes and obtain board approval of the changes may jeopardize my cost-share payment for the practice.
- ☐ I understand that I am not eligible to receive payment for installing the practice until it meets NRCS Standards and Specifications within Commission policy.
- ☐ Once claim has been signed and approved it will take approximately 4-6 weeks before the reimbursement is issued to your account.

I have read the above cost share policies and procedures and understand them. I assume full responsibility for all expenses incurred if I fail to follow these policies and procedure.

Landowner / Operator

Date